



UNITED STATES DEPARTMENT OF COMMERCE

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	APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORN	EY DOCKET NO.
	09/505,99%				
				EXAM	IINER
				L	
				ART UNIT	PAPER NUMBER
					5
	DATE MAILED:				
INTERVIEW SUMMARY					
All participants (applicant, applicant's representative, PTO personnel):					
(1) Erre Winaker (3) Zev Fear					
(2) Caleb Rellack (Reg 37,912) (4) Mirella Moshe					
Date of Interview					
Type: Telephonic Personal (copy is given to applicant Applicant's representative).					
Exhibit shown or demonstration conducted:					
Agreement was reached. was not reached.					
Claim(s) discussed: parzez claimo B- (methol)					
Ideptification of prior art discussed: Chaffar (5344418) Rohr (4608978)					
Bender (3818914 - provider by applicant)					
Description of the general nature of what was agreed to if an agreement was reached, or any other comments:					
inticated that a methot, as presented, including					
f. I terrage of UV water irrediction of subject with					
<u>چ</u>	by trady	a Substan	ted portan	1 tre	cenerated
V	s. ble and 10	R light w	as allowable	over th	e art 1
(Afu	recor2. Appla	and a copy of the amendments, if			
must	be attached. Also, where no ched.)	copy of the amendments which we	puld render the claims allowable	le is available, a sumn	nary thereof must be
1. It is not necessary for applicant to provide a separate record of the substance of the interview.					
Unless the paragraph above has been checked to indicate to the contrary. A FORMAL WRITTEN RESPONSE TO THE LAST OFFICE ACTION OF THE INTERVIEW. (See MPEP Section 713.04). If a response to the last Office action has are ready been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE					
SUBSTANCE OF THE INTERVIEW. 2. Since the Examiner's interview summary above (including any attachments) reflects a complete response to each of the objections,					
•	rejections and requirements t	that may be present in the last Off ponse requirements of the last Off	ice action, and since the claim	s are now allowable, t	his completed form
Exar	niner Note: You must sign this	form unless it is an attachment to	another form.		
FORM	PTOL-413 (REV.1-96)			Enc	F. Winako